

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

**\* AMENDED \***

|   |  |
|---|--|
| 1. File Number U - <b>2674</b>  | 2. Fiscal Year Covered From:<br><b>1 / 1 / 2004 Through: 12 / 31 / 2004</b>  |
| 3. Name and address of person filing.<br>Name <b>James R Santangelo</b><br>P.O. Box, Bldg., Room No., if any<br>Street <b>2 Eastern Drive</b><br>City <b>New Hyde Park</b><br>State <b>New York</b> ZIP Code + 4 <b>11040</b> | 4. Name, file number, and address of labor organization.<br>Name <b>Local One, Amalgamated Lithographers</b><br>Labor Organization File Number <b>035-319</b><br>P.O. Box, Building and Room Number, if any<br>Street <b>113 University Place</b><br>City <b>New York</b><br>State <b>New York</b> ZIP Code + 4 <b>10003</b> |
| 5. Position in labor organization. <b>Controller - Employee</b>   |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4  | 7.a. Nature of Interest, Transaction, or Income.<br><br>7.b. Amount. |

Signature

|  |                           |   |
|--|---------------------------|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |                           |   |
| Signed <b>Ja Santangelo</b>  | On <b>8/12/05</b><br>Date | <b>212-460-0800</b><br>Telephone Number |

**\* AMENDED \***

|  |                |
|--|----------------|
| Name of Person Filing <b>James R. Santangelo</b> | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|   |  |
|---|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Amalgamated Bank</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>11-15 Union Square</b></p> <p>City <b>New York</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>10003</b></p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>  | <p>11.a. Nature of such dealing.</p> <p><b>Custodial Bank / Investment Manager Services.</b></p>                                   |
|   | <p>11.b. Approximate dollar value of such dealing. <b>872,120</b></p>  |
|   | <p>12.a. Nature of interest held or income received.</p> <p><b>Holiday Gift and activities (did not attend)</b></p>                |
|   | <p>12.b. Amount. <b>342.36</b></p>   |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

|   |                                 |
|---|---------------------------------|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p>  | <p>14.b. Amount of payment.</p> |

Name of Person Filing

James R. Santangelo

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated BankTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 11-15 Union SquareCity New YorkState New York ZIP Code + 4 10003

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

Custodial Bank / Investment  
Manager

11.b. Approximate dollar value of such dealing.

\$751

12.a. Nature of interest held or income received.

Fundraiser Activities on 6/10/04  
during Sol Stein / Otto Lebar  
Museum meeting

12.b. Amount.

200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

James R. Santangelo

File Number U-

E. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Alliance Bernstein

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 767 Fifth Avenue

City New York

State New York ZIP Code + 4 10155

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Industry Pension Fund for Acad

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 115 University Place

City New York

State New York ZIP Code + 4 10003

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

189,787

12.a. Nature of interest held or income received.

Activities on 8/3/04 during meeting

12.b. Amount.

250

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

James R. Santangelo

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Columbus Circle InvestmentsTrade Name, if any: P.O. Box, Bldg., Room No., if any MetropcenterStreet 1<sup>st</sup> Station PlaceCity StanfordState CA ZIP Code + 4 06902

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Industry Pension PlanTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 113 University PlaceCity New YorkState New York ZIP Code + 4 10003

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

\$100,000

12.a. Nature of interest held or income received.

Activities on 10/23/04 during the CRN/Rogers Casey meeting of 10/20-10/23/04

12.b. Amount.

145

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing

James E. Santangelo

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CRA / Rogers Casey

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 South St. Ste. 250

City Waltham

State Massachusetts ZIP Code + 4 02453

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Industry Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 113 University Place

City New York

State New York ZIP Code + 4 10003

11.a. Nature of such dealing.

Investment Consultants

11.b. Approximate dollar value of such dealing.

18435

12.a. Nature of interest held or income received.

Conference activities on 10/20-10/21/04 during CRA/Rogers Casey Annual Summit Meeting on 10/20-10/21/04

12.b. Amount.

1466

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.